

# Work Order ID 75710

**\*75710\***

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Friday, October 28, 2011 11:48:20 AM

Item ID: D206-642-114 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Skidtube RH  
 Start Date: 10/28/2011 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 12/15/2011 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: M Date: 11-10-28 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
IIN-D206-642	O								
100	DOCUMENT CONTROL	0.00							M.C.J 11/11/15
<b>*100*</b>									
DC	Memo	0.00							
Document Control	Photocopy bluefile & type labels per PPP206-642-114 - CHG001 K10112 CHG002 CHG003			CHG002					Sulley
110	Pick Kit	0.00							
<b>*110*</b>									
Packaging	Memo	0.00							8011-12-14
Packaging									
120	QC4- 100% Inspect kits for completeness	0.00							
<b>*120*</b>									
QC	Memo	0.00							Sulley
Quality Control									(X)

**RH. 75409.**

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

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 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
<b>*130*</b>	Packaging								
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPPD206-642-114								
	K10112								
	Location: <u>AR</u>								
	PPP Rev: <u>A</u>								
140		0.00							
<b>*140*</b>	QC21- Final Inspection - Work Order Release								
QC	Memo	0.00							
Quality Control									

*SP 11-12-14*

*W12/14*

*ME 11-12-14*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

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Friday, October 28, 2011 11:48:24 AM

Work Order ID: 75710

**\*75710\***

Parent Item: D206-642-114

**\*D206-642-114\***

Parent Item Name: Skidtube RH

Start Date: 10/28/2011

Required Date: 12/15/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 10.12.08 PER REV.N DD VERF:EC  
11.09.23 ADDED K10112 DD VERF:EC

IPP REV:B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
S D206-642-151 <b>*D206-642-151*</b> Replacement Skidtube		Manufactured	No			110	Each	0.0000	1	1			
C K10112 <i>u4603</i> <b>*K10112*</b> Saddle, Skidtube 206		Manufactured	No			110	Each	0.0000	1	1			

**\*\* \$254.00**

**\*\* B. Holbe SP**

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries